

Substitute for Form PTO-875

Application or Docket Number

68920

(Column 1)	(Column 2)
1	2
3	4
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99	100

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				
SEARCH FEE (37 CFR 1.16(k), (l), or (m))				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	*	x 25 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	x 100 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	

RATE (\$)	FEE (\$)
x 50 =	
x 200 =	
TOTAL	

OR

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
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OR

OTHER THAN
SMALL ENTITY

AMENDMENT A						SMALL ENTITY		SMALL ENTITY	
	<i>12/1/05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(b))	<i>50</i>		Minus	<i>50</i>	=	<i>25</i>	=	<i>50</i>	=
Independent (37 CFR 1.16(c))	<i>4</i>		Minus	<i>4</i>	=	<i>100</i>	=	<i>200</i>	=
Application Size Fee (37 CFR 1.16(g))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.101)									
						TOTAL APPL' FEE		TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									
AMENDMENT B									
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16)	*		Minus	**	=	*	=	*	=
Independent (37 CFR 1.16(c))	*		Minus	***	=	*	=	*	=
Application Size Fee (37 CFR 1.16(g))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.101)									
						TOTAL APPL' FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the corresponding value in column 2.

** The Highest Number Previously Paid For = HTPN (See Application No. _____).

*** The Highest Number Previously Paid For = HTPN (See Application No. _____).

The Highest Number Previously Paid For Total of Independent or Multiple Dependent Claims Entered in the appropriate box in column 1.

1. Enter portion of information required by 37 CFR 1.601-1(c). The information on page 11 - 15 may or retain a benefit by the public which is to file (and by the USPTO) to process an application. Confidentiality is governed by 37 CFR 1.601-1(c), page 11 - 15. This collection is estimated to take 12 minutes to complete, including gathering preparation, and transmitting the completed application to the USPTO. This collection is dependent upon the information also. Any comments on the need of time, e.g., to prepare to complete the form, are to be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.